

APPLICATION FOR REVISED PROGRAM APPROVAL UNDER THE PROVISIONS OF TITLE 38, U. S. CODE						
Name of School:						
Program Title	Effective Date	Program Objective: Credential Awarded: Certificate, Diploma, Associate, Bachelor, Master, Other-state	Program Length Number of Days; Weeks; Months; Years	Program Measurement NCD-Number of Clock Hours (cl. hrs.) IHL-Number. of Credit Hours (cr. hrs.)	Total Tuition Per Program/Term	Enrollment Limitation (NCD)
Before Revision						
After Revision						
Program Title		Program Objective: Credential Awarded: Certificate, Diploma, Associate, Bachelor, Master, Other-state	Program Length Number of Days; Weeks; Months; Years	Program Measurement NCD-Number of Clock Hours (cl. hrs.) IHL-Number. of Credit Hours (cr. hrs.)	Total Tuition Per Program/Term	Enrollment Limitation (NCD)
Before Revision						
After Revision						
Program Title		Program Objective: Credential Awarded: Certificate, Diploma, Associate, Bachelor, Master, Other-state	Program Length Number of Days; Weeks; Months; Years	Program Measurement NCD-Number of Clock Hours (cl. hrs.) IHL-Number. of Credit Hours (cr. hrs.)	Total Tuition Per Program/Term	Enrollment Limitation (NCD)
Before Revision						
After Revision						
Program Title		Program Objective: Credential Awarded: Certificate, Diploma, Associate, Bachelor, Master, Other-state	Program Length Number of Days; Weeks; Months; Years	Program Measurement NCD-Number of Clock Hours (cl. hrs.) IHL-Number. of Credit Hours (cr. hrs.)	Total Tuition Per Program/Term	Enrollment Limitation (NCD)
Before Revision						
After Revision						
Program Title		Program Objective: Credential Awarded: Certificate, Diploma, Associate, Bachelor, Master, Other-state	Program Length Number of Days; Weeks; Months; Years	Program Measurement NCD-Number of Clock Hours (cl. hrs.) IHL-Number. of Credit Hours (cr. hrs.)	Total Tuition Per Program/Term	Enrollment Limitation (NCD)
Before Revision						
After Revision						
Enclosed are three (3) copies of each respective course description, course outline, and other supporting documents for each course revision. (A change in name of program is a revision.) [Please note: If referencing pages of a catalog in this application, please submit three (3) copies of each of the pages referenced because the catalog is not filed with this application.]				Signature of School Official and Date		
If completing this form on computer, you may insert rows, do not use return to retain lines. Form may not be reworded. For assistance, call (402) 471-4825/26/27. Send to Program Director, Private Postsecondary Career Schools and Veterans Education, Nebraska Department of Education, P.O. Box 94987, Lincoln, NE 68509-4987.						